allways℠
HEALTH PARTNERS

Continuity of Care Request

Employees and their family members who receive ongoing care for an unstable, unusual, or serious medical condition from a previously in-network provider who is not in the AllWays Health Partners network, may be eligible for the Continuity of Care program. If your Continuity of Care request is approved, you or your covered dependent(s) may continue to receive care from an out-of-network provider for up to six months and have benefits paid at the Tier 2 (non-preferred) level.

Eligibility: To be eligible for consideration, you or your family member must:

- Be receiving ongoing care for specific medical conditions* (see Question 1 for typical conditions)
- The care must have started before 2019
- The care must be from a provider that is in the BCBS network but not part of the AllWays Health Partners network

To request Continuity of Care, please answer the following questions:

1. Which medical conditions are you requesting Continuity of Care for in 2019?

- ☐ Pregnancy
- ☐ Newly diagnosed cancer
- ☐ Sick newborn requiring intensive care
- ☐ Behavioral health condition
- ☐ Acute trauma or surgery
- ☐ Applied behavioral analysis (ABA)
- ☐ Recent heart attack
- ☐ Rare medical condition or other (please specify below)

2. What is the name of the provider(s) you or your dependent receive care from?

PROVIDER NAME | PHONE | CITY, STATE

PROVIDER NAME | PHONE | CITY, STATE

3. Approximately, when was the last time you or your dependent saw this provider(s) for this condition?

4. Is (Are) the provider(s) above in the BCBS network and not in the AllWays Health Partners network?

☐ Yes ☐ No ☐ I don't know

5. What is your contact information?"

YOUR NAME | PHONE | E-MAIL | MEMBER ID NUMBER

NAME OF INDIVIDUAL RECEIVING CARE (IF NOT YOU) | RELATIONSHIP TO PARTNERS EMPLOYEE

Signature: By signing this form I certify that the information I have provided is accurate. Furthermore, I understand that I may be responsible for reimbursing Partners for costs associated with claims paid in good faith that do not meet the criteria outlined above.

PRINT NAME | SIGNATURE | DATE

Please return this form to AllWays Health Partners by fax **617-526-1985** or email **PHSSupport@allwayshealth.org.**

**Examples of chronic medical condition that typically are not eligible for Continuity of Care program (unless the condition is not stable) include arthritis, asthma, allergies, diabetes, hypertension, and COPD/emphysema.*